

**Memorandum of Understanding for Maryland WIC Employee Participation in the
Virginia Department of Health/Maryland WIC Dietetic Internship Program**

I, _____, am applying to participate in the Virginia/Maryland WIC Dietetic Internship. The program is designed with a community nutrition emphasis, so most of the learning activities can be obtained within the health department/WIC clinic setting. If accepted, there may be an impact on the delivery of WIC services at the local WIC agency while I am enrolled in the program. In order to participate in the program, I understand and agree to the following:

1. I must be employed full-time at the _____ Local WIC Agency in Maryland for one year (52 weeks) prior to the due date for applying to the program.
2. As a full-time WIC employee/dietetic intern, I will take half-time educational leave with pay while completing the community rotation. I will devote 20 hours of my 40 hour work week to dietetic internship learning activities for a period of 28 weeks. The time devoted to these learning activities will be prearranged with my supervisor and preceptor. Routine work activities shall not interfere with the Dietetic Internship. I will receive my full salary and benefits while completing this part of the program. Half of this salary payment is unearned income.
3. Foodservice systems management and clinical dietetic experiences will be obtained during affiliate site rotations. I will take educational leave with pay for 16 weeks to complete the food service management (6 weeks) and clinical dietetic (10 weeks) affiliate site rotations. These rotations will be completed within my community or geographic region of Maryland where I live, if possible. The dates of the rotations will be mutually agreed upon by my supervisor, the affiliate site preceptor, and the Maryland WIC Dietetic Internship Program Coordinator. I will receive my full salary and benefits while completing these rotations. This salary payment is unearned income.
4. I must attend the scheduled Dietetic Internship Orientation, all classes, and any additional assigned meetings associated with the Internship.
5. Either a local agency nutritionist or a nutritionist from the Maryland State WIC Agency will serve as my dietetic internship preceptor, who will work closely with me and evaluate my progress in the program.
6. Dietetic internship evaluations will not be included in my personnel file.
7. While on educational leave, I will remain a permanent employee of the _____ Local WIC Agency assigned to Position # _____ and will receive 100% of my present salary.
8. Accepting educational leave requires me to:
 - a. Take the dietetic registration (RD) exam within six months of program completion.
 - b. Pass the RD exam within one year (52 weeks) of program completion.
 - c. Continue full-time employment at the _____ Local WIC Agency for at least two years (104 weeks) after providing written notification (copy of test results) to the Maryland State WIC Agency of having passed the RD exam.

9. Upon taking the RD exam within six months of program completion, passing the exam within one year (52 weeks) after completing the internship, and completing 2 years (104 weeks) of full-time employment as specified above, my obligation to the _____ Local WIC Agency will be considered to have been discharged.
10. In the event that I do not complete the internship program, take the RD exam within six months of program completion, and pass the exam within one year (52 weeks) of program completion, I will have defaulted my obligation under this agreement and I will be required to repay all or part of the unearned income paid to me as salary during my educational leave, as determined by the _____ Local WIC Agency.
11. In the event that I terminate my employment or my employment is terminated by the _____ Local WIC Agency prior to completing the internship program, taking the RD exam within six months of program completion, and passing the exam within one year of program completion or prior to completing two years (104 weeks) of full-time employment following program completion, I will be required to make prorated reimbursement within 60 days to the _____ Local WIC Agency for all unearned income that I have received during the 44-week training period, not to exceed \$_____, plus interest on that amount at 6%, compounded annually. The principal sum will be prorated in accordance with the amount of employment service actually provided during the 2 year (104 week) period following successful completion of the RD exam.
12. I will be responsible for any costs which are not routinely associated with my WIC employment, including a non-refundable resource fee and other costs such as professional liability insurance, student membership in the American Dietetic Association/Maryland Dietetic Association, transportation/lodging, RD exam review course fee, and RD exam fee. Estimated costs associated with the internship may be found at www.vahealth.org/DCN/DieteticIntern/index.htm . My local agency may choose to help with some of these costs, if its budget permits.

WIC Employee

_____/_____/_____
Date

Local Agency WIC Coordinator

_____/_____/_____
Date

Director, Maryland WIC Program

_____/_____/_____
Date